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TO:

Examiner Stephen E. Jones

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COMPANY:

Jerri Pearson

Alcatel USA

FAX NO.:

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972-477-9128

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DATE:

September 8, 2005

TOTAL PAGES (incl. cover)

11

Serial No: 09/987,376

Attorney Docket No.: 132706

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- Facsimilie Transmittal
- Fee Transmittal for FY 2005
- Terminal Disclaimer
- Amendment (6 pgs)
- 5. Change of Correspondence Address – Application
- 6. Statement under 37 CFR 3.73(b)

ri Pearson

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FEE TRANSMITTAL FOR FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (S) 130.00 MRETHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit account humber 50-0838 Charge fee(s) indicated below Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below, except for the filing fee Charge fae(s) indicated below, except for the filing fae(s) on the filing fae(s) on the filing fae(s) on the
For FY 2005 First Named Inventor Wilber, et al Exeminer Name Stephen E. Jones Ant Unit 2817 TOTAL AMOUNT OF PAYMENT (\$) 130.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 50-0838 Deposit Account Name: ALCATEL For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fea(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge fea(s) Indicated below, except for the filing fee Charge from and outhorization on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Small Entity Fee (\$) F
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Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Strail Entity Application Type Fee (\$)
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Multiple dependent claims 360 180
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
- 20 or HP = x 50.00 = 0.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 360.00 0.00
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4. OTHER FEE(S)
Non-English Specification, \$130 fee (no small entity discount) 9.00
Other: Terminal Disclatiner (Fee code 1814)
Signature Registration No. 22,753 Telephone (972) 519-3735
Name (Print/Type) V. Lawrence Sewell Date 9/8/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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